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ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 221  
Registered No. 279

## 1. PLACE OF BIRTH

County Mila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 718 Pine Oak St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

Guadalupe Alvarez { If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

Female

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

5. No., in order of birth

## 6. Legitimate?

yes

## 7. Date

of birth Jan. 27 - 1930.  
Month Day Year

## 8.

## FATHER

## Full name

Liborio Alvarez  
Miami  
If non-resident, give place and state. Arizona.

## 10. Color or race

Mex.

## 11. Age at last birthday

28 (Years)

## 12. Birthplace (city or place)

(State or country)

Jalisco  
Mex

## 13. Occupation

Nature of industry

Miner

## 14.

## MOTHER

## Full maiden name

Concepcion M. Martinez  
Miami  
If non-resident, give place and state. Arizona

## 16. Color or race

Mex.

## 17. Age at last birthday

24 (Years)

## 18. Birthplace (city or place)

(State or country)

Guadalupe  
Mex

## 19. Occupation

Nature of industry

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

4

## (a) Born alive and now living

4

## (b) Born alive but now dead

0

## (c) Stillborn

0

## 21. Were precautions taken against ophthalmia neonatorum?

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 12:00 m. on the date above stated.  
(Born alive or stillborn.)

## Signature

Leyril M. Brown M.D.

Physician

(Physician or midwife)

## Address

Miami, Arizona

## Filed

Feb 1, 1930 6-6 Drum

Registrar

Registrar

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

Month, day, year

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.

719-127-1349